

MAY 11 2018

(of _____)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT
FORM B
For New Members, Candidates, and New EmployeesName: André Levy

Daytime Telephone _____

LEGISLATIVE RESOURCE CENTER
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

18 MAY 15 AM 10:49

OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

FILER STATUS	New Member of or Candidate for U.S. House of Representatives	
	State: <u>PA</u>	District: <u>FIRST</u>
Candidates – Date of Election: <u>MAY 13, 2018 (Primary)</u>		Check if Amendment
New Officer or Employee		Staff Filer Type (If Applicable):
Employing Office: _____		Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> to <u>Jane L. Levy</u>

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

- A. Did you, your spouse, or your dependent child:
 a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Yes No
- b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes No
- C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Yes No
- D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes No
- E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes No
- F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes No
- G. Did you receive compensation of more than \$5,000 from a single source in the current year and the prior years? Yes No

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: David W. Henry Page 1 of 4

BLOCK A		BLOCK B		BLOCK C		BLOCK D									
Assets and/or Income Sources		Value of Asset		Type of Income		Amount of Income									
Identify: (a) each asset held for investment or production of income and with a fair market value (use a valuation method other than fair market value, please) exceeding \$1,000 at the end of the reporting period; specify the method used; and (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.		Provide complete names of stocks and mutual funds (do not use only ticker symbols).		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 429 accounts), you may check the “Tax-Deferred” column. Dividends, interest, and rental income, even if reinvested, must be deducted as income for assets held in taxable accounts. Check “None” if no income was earned or generated.									
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting instructions.		For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.		If an asset was sold during the reporting period and is included only because it generated income, the value should be “None.”									
For all assets held by your spouse or dependent child in which you have no interest.		*Column M is for assets held by your spouse or dependent child in which you have no interest.		*Column N is for assets held by your spouse or dependent child in which you have no interest.		*Column O is for assets held by your spouse or dependent child in which you have no interest.									
SP, DC, UT	EEF	None	\$1-\$1,000	I	II	III	IV	V	VI	VIH	IX	X	XII		
Examples:	None	None	None	X	X	X	X	X	X	X	X	X	X		
ABC Hedge Fund	None	None	None	X	X	X	X	X	X	X	X	X	X		
1130 East State Street, IL	None	None	None	X	X	X	X	X	X	X	X	X	X		
SP 7287, Laramie Dr., Box 30, Res., LLC, Lakewood, CO	None	None	None	X	X	X	X	X	X	X	X	X	X		
SP, DC, UT		EEF		None		\$1-\$1,000		I		II		III		IV	
Examples:		None		None		None		X		X		X		X	
ABC Hedge Fund		None		None		None		X		X		X		X	
1130 East State Street, IL		None		None		None		X		X		X		X	
SP 7287, Laramie Dr., Box 30, Res., LLC, Lakewood, CO		None		None		None		X		X		X		X	
SP, DC, UT		EEF		None		\$1-\$1,000		I		II		III		IV	
Examples:		None		None		None		X		X		X		X	
ABC Hedge Fund		None		None		None		X		X		X		X	
1130 East State Street, IL		None		None		None		X		X		X		X	
SP 7287, Laramie Dr., Box 30, Res., LLC, Lakewood, CO		None		None		None		X		X		X		X	
SP, DC, UT		EEF		None		\$1-\$1,000		I		II		III		IV	
Examples:		None		None		None		X		X		X		X	
ABC Hedge Fund		None		None		None		X		X		X		X	
1130 East State Street, IL		None		None		None		X		X		X		X	
SP 7287, Laramie Dr., Box 30, Res., LLC, Lakewood, CO		None		None		None		X		X		X		X	
SP, DC, UT		EEF		None		\$1-\$1,000		I		II		III		IV	
Examples:		None		None		None		X		X		X		X	
ABC Hedge Fund		None		None		None		X		X		X		X	
1130 East State Street, IL		None		None		None		X		X		X		X	
SP 7287, Laramie Dr., Box 30, Res., LLC, Lakewood, CO		None		None		None		X		X		X		X	
SP, DC, UT		EEF		None		\$1-\$1,000		I		II		III		IV	
Examples:		None		None		None		X		X		X		X	
ABC Hedge Fund		None		None		None		X		X		X		X	
1130 East State Street, IL		None		None		None		X		X		X		X	
SP 7287, Laramie Dr., Box 30, Res., LLC, Lakewood, CO		None		None		None		X		X		X		X	
SP, DC, UT		EEF		None		\$1-\$1,000		I		II		III		IV	
Examples:		None		None		None		X		X		X		X	
ABC Hedge Fund		None		None		None		X		X		X		X	
1130 East State Street, IL		None		None		None		X		X		X		X	
SP 7287, Laramie Dr., Box 30, Res., LLC, Lakewood, CO		None		None		None		X		X		X		X	
SP, DC, UT		EEF		None		\$1-\$1,000		I		II		III		IV	
Examples:		None		None		None		X		X		X		X	
ABC Hedge Fund		None		None		None		X		X		X		X	
1130 East State Street, IL		None		None		None		X		X		X		X	
SP 7287, Laramie Dr., Box 30, Res., LLC, Lakewood, CO		None		None		None		X		X		X		X	
SP, DC, UT		EEF		None		\$1-\$1,000		I		II		III		IV	
Examples:		None		None		None		X		X		X		X	
ABC Hedge Fund		None		None		None		X		X		X		X	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mark H. Levy Page 2 of 4

ASSET NAME	SP. DC UT	BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income																							
					A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VI	IX	X	XI	XII
Resacit Note LLC Note	X																											
J. Independent Bank, Inc.	X																											
Arthur J. Gallagher & Co.	X																											
Amtek, Inc.	X																											
Amberol Corp Class A	X																											
Armark	X																											
Aftergroup Inc	X																											
American Express	X																											
Amalgamated Clothing	X																											
Banker Corp	X																											
Calab, Inc.	X																											
Fidelity National Info	X																											
Finn Inc	X																											
Firstline Corporation	X																											
Great Western Banc	X																											

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Section

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: _____

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Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: _____

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the 'senior staff' rate was \$27,765. The 2016 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 19)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$18,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
<u>Levy Law Offices, P.A.</u>	<u>Salary</u>	<u>85,000</u>	<u>95,000</u>
<u>Levy Law Offices, P.A.</u>	<u>Spouse Salary</u>	<u>8,500</u>	<u>8,500</u>
<u>Levy Law Offices - S.Corp Income</u>	<u>Corp Income</u>	<u>200,000 (est)</u>	<u>215,361</u>
<u>Northwest Title Adjustment Ass. Council</u>	<u>Director Honorarium</u>	<u>3000</u>	<u>3,000</u>
<u>Shake Public Employees System</u>	<u>Pension Benefit</u>	<u>15,500 (est)</u>	<u>15,000</u>

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name

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Report liabilities of over \$10,000 owed to any one creditor at *any time* during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a *revolving charge account* (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

***Column K is for liabilities held solely by your spouse or dependent child**

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year and **two** previous years.

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.**

Position	Name of Organization
Director President	Northwest Trade Adjustment Assistance Council, Seattle, WA Foundation for Idaho History, Boise, ID
Board Member Director Employee, President, Sole Shareholder	Boise State University Center for the Book, Boise, ID The Lincoln Institute, Boise, ID Loyalty Law Office, P.A. Boise, ID

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
8/2010	Former employee + State of Idaho	retirement system benefit

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise. If you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Homestead, Homestate	Accounting Services
T. Challenger Inc, Boise, ID	
Island Woods HOA, Eagle, ID	
Pineywood Lakes HOA, Eagle, ID	
American Council of Insurers, Washington DC	
Dr. William Ricker, Boise, ID	
National Right to Work, Springfield, VA	
Michael Ryan Healthy, Meridian, ID	
	 LEGAL SERVICES

SCHEDULE F – AGREEMENTS

Name: _____

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Excludes: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.	
Source (Name and City/State)	Brief Description of Duties
Nicholas Coston Boise, ID	Accounting Services
Wayne J. Listerby, Melba, ID	
Thomas J. Burns Boise, ID	
Margie Shabotek Boise, ID	
Mike Rapps Boise, ID	
Justus Fox Boise, ID	
Locks Holmes Mouring, ID	

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Mark H. L. May

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Homestead	Accounting Services
<u>Alfred Bell Bonds, Coeur d'Alene, ID</u>	
<u>Taylor Law Offices, Boise, ID</u>	
<u>Treck Utilities, Meridian, ID</u>	
<u>Worthington Busieness Tech, Chicago, IL</u>	
<u>Dr. W.M. Beusinger, Meridian, ID</u>	
<u>Los McCorkle, Coeur, ID</u>	
<u>James Newell, Boise, ID</u>	
	<u>LEGAL SERVICES</u>

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Jeffrey M. May

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	
Jeffrey M. May, Boise, ID	Accounting Services
Simon Skjernaa, Caldwell, ID	
Tucson Hotel, Boise, ID	
Crabtree Bank, Boise, ID	
People Accounting, Nampa, ID	
Rodney Amerson, Gardenwood, ID	
Chad Schaeffer, Twin Falls, ID	

~~RIGHT SERVICES~~

SCHEDULE F – AGREEMENTS

Name: _____

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Doe Jones & Smith, Homestead, Homestate	Accounting Services
John Wilson, Boise, ID	Legal Services
Mike Wilson, Boise, ID	
Adrew Kim, Boise, ID	
John Buckley, Boise, ID	
Nick Hansen, Eagle, ID	
Sam Dalsbury, Lewiston, ID	
Alex Borlak, Fratland, ID	

Use additional sheets if more space is required.